

**VETERINARY HEALTH CERTIFICATE***(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)*TYPE OR PRINT NAME OF OWNER *(Last, First, MI)*COMPLETE ADDRESS *(Include Zip Code)*

SPECIES

☐ DOG☐ CAT

SEX

☐ MALE☐ FEMALE

AGE

☐ 3 MO. TO 12 MO.☐ 12 MO. OR OLDER

SIZE

☐ UNDER 20 LBS.☐ 20 - 50 LBS.☐ OVER 50 LBS.

PREDOMINANT BREED

TAG NUMBER

COLOR(S)

NAME OF ANIMAL

PRODUCER *(First 3 letters)*

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RABIES IMMUNIZATION DATA

☐ 1 YR. LIC./VACC.☐ 3 YR. LIC./VACC.☐ OTHER

MODIFIED

☐ CEO☐ TCO☐ CLO

KILLED

☐ MURINE☐ CAPRINE

This is to certify that the above described animal has been examined by me on the date below and was found free of any communicable disease. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

NAME, GRADE AND ORGANIZATION OF VETERINARIAN

SIGNATURE

DATE

**DD Form 2209, AUG 79**

REPLACES DD FORM 2071, APR 77, WHICH IS OBSOLETE.

*AUTHORITY: 10 U.S.C. Sections 133 and 8012.*

*PRINCIPAL PURPOSE(S): To indicate general health examination of the animal to permit interstate or international movement.*

*ROUTINE USE(S): Used as health certificate to permit interstate or international movement of animal.*

*DISCLOSURE IS VOLUNTARY: Providing personal information is voluntary. However, if information is not disclosed by the owner, interstate or international movement may not be allowed.*